



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2016
OF THE CONDITION AND AFFAIRS OF THE

Upper Peninsula Health Plan, LLC

NAIC Group Code	00000	(Current Period)	,	00000	(Prior Period)	NAIC Company Code	52615	Employer's ID Number	46-0927995
Organized under the Laws of	Michigan					State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States								
Licensed as business type:	Life, Accident & Health []			Property/Casualty []			Hospital, Medical & Dental Service or Indemnity []		
	Dental Service Corporation []			Vision Service Corporation []			Health Maintenance Organization [X]		
	Other []			Is HMO, Federally Qualified? Yes [] No [X]					
Incorporated/Organized	10/14/1997			Commenced Business			08/01/1998		
Statutory Home Office	228 W. Washington St.					Marquette, MI, US 49855			
	(Street and Number)					(City or Town, State, Country and Zip Code)			
Main Administrative Office	228 W. Washington St.								
	(Street and Number)								
	Marquette, MI, US 49855				906-225-7500				
	(City or Town, State, Country and Zip Code)				(Area Code) (Telephone Number)				
Mail Address	228 W. Washington St.					Marquette, MI, US 49855			
	(Street and Number or P.O. Box)					(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	228 W. Washington St.								
	(Street and Number)								
	Marquette, MI, US 49855				906-225-7500				
	(City or Town, State, Country and Zip Code)				(Area Code) (Telephone Number) (Extension)				
Internet Web Site Address	N/A								
Statutory Statement Contact	Regina Marie Bergh					906-225-7500			
	(Name)					(Area Code) (Telephone Number) (Extension)			
	rmbergh@uphp.com					906-225-8687			
	(E-Mail Address)					(Fax Number)			

OFFICERS

Name	Title	Name	Title
Dennis Harold Smith	President	Regina Marie Bergh	Treasurer
James Steven Bogan	Chairman		

OTHER OFFICERS

--	--	--	--

DIRECTORS OR TRUSTEES

Michelle Marie Tavernier	David Barry Jahn	John Joseph Schon	Heather Anne Smith
James Steven Bogan	Charles Edward Nelson	Robert Vincent Vairo	Scott Frederick Pillion
Stephen Robert Embree #			

State ofMICHIGAN.....
County ofMARQUETTE.....

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices* and *Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Dennis Harold Smith President	Regina Marie Bergh Treasurer	James Steven Bogan Chairman
Subscribed and sworn to before me this 20TH day of February, 2017		
a. Is this an original filing? Yes [X] No []		
b. If no:		
1. State the amendment number		
2. Date filed		
3. Number of pages attached		

Tanya M. Jennings, Director of Human Resources
October 11, 2019

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Upper Peninsula Health Plan, LLC

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

Exhibit 3 - Health Care Receivables

NONE

Exhibit 3A - Analysis of HC Receivables

NONE

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

[illegible]

Exhibit 5 - Amounts Due From Parent, Subs

NONE

Exhibit 6 - Amounts Due To Parent, Subs

NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Upper Peninsula Health Plan, LLC

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	46,786,218	19.0		0.0	38,613,013	8,173,205
2. Intermediaries .....	.0	0.0		0.0		
3. All other providers .....	.0	0.0		0.0		
4. Total capitation payments	46,786,218	19.0	0	0.0	38,613,013	8,173,205
Other Payments:						
5. Fee-for-service	17,761,539	7.2	XXX	XXX		17,761,539
6. Contractual fee payments	181,358,852	73.8	XXX	XXX	181,358,852	
7. Bonus/withhold arrangements - fee-for-service .....	.0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	.0	0.0	XXX	XXX		
9. Non-contingent salaries .....	.0	0.0	XXX	XXX		
10. Aggregate cost arrangements .....	.0	0.0	XXX	XXX		
11. All other payments .....	.0	0.0	XXX	XXX		
12. Total other payments	199,120,391	81.0	XXX	XXX	181,358,852	17,761,539
13. Total (Line 4 plus Line 12)	245,906,609	100 %	XXX	XXX	219,971,865	25,934,744

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

[illegible]

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	987,924		214,863	773,060	773,060	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	987,924	0	214,863	773,060	773,060	0



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Upper Peninsula Health Plan, LLC

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Upper Peninsula Health Plan, LLC 2. (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Michigan			DURING THE YEAR 2016			NAIC Company Code		52615
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	47,112	1,241						3,973	41,898	
2. First Quarter	46,849							3,871	42,978	
3. Second Quarter	47,447							4,265	43,182	
4. Third Quarter	47,154							4,275	42,879	
5. Current Year	47,852							4,304	43,548	
6. Current Year Member Months	566,438							49,452	516,986	
Total Member Ambulatory Encounters for Year:										
7. Physician	186,210							36,311	149,899	
8. Non-Physician	141,876							48,494	93,382	
9. Total	328,086	0	0	0	0	0	0	84,805	243,281	0
10. Hospital Patient Days Incurred	16,207							5,281	10,926	
11. Number of Inpatient Admissions	4,156							1,088	3,068	
12. Health Premiums Written (b).....	284,081,342							49,553,305	234,528,037	
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	284,081,342							49,553,305	234,528,037	
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	245,906,609							41,614,192	204,292,417	
18. Amount Incurred for Provision of Health Care Services	245,734,803							41,468,192	204,266,611	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$49,553,305



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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Upper Peninsula Health Plan, LLC 2. (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2016				NAIC Company Code		52615
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	47,112	1,241	0	0	0	0	0	3,973	41,898	0
2. First Quarter	46,849	0	0	0	0	0	0	3,871	42,978	0
3. Second Quarter	47,447	0	0	0	0	0	0	4,265	43,182	0
4. Third Quarter	47,154	0	0	0	0	0	0	4,275	42,879	0
5. Current Year	47,852	0	0	0	0	0	0	4,304	43,548	0
6. Current Year Member Months	566,438	0	0	0	0	0	0	49,452	516,986	0
Total Member Ambulatory Encounters for Year:										
7. Physician	186,210	0	0	0	0	0	0	36,311	149,899	0
8. Non-Physician	141,876	0	0	0	0	0	0	48,494	93,382	0
9. Total	328,086	0	0	0	0	0	0	84,805	243,281	0
10. Hospital Patient Days Incurred	16,207	0	0	0	0	0	0	5,281	10,926	0
11. Number of Inpatient Admissions	4,156	0	0	0	0	0	0	1,088	3,068	0
12. Health Premiums Written (b).....	284,081,342	0	0	0	0	0	0	49,553,305	234,528,037	0
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	284,081,342	0	0	0	0	0	0	49,553,305	234,528,037	0
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	245,906,609	0	0	0	0	0	0	41,614,192	204,292,417	0
18. Amount Incurred for Provision of Health Care Services	245,734,803	0	0	0	0	0	0	41,468,192	204,266,611	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$49,553,305

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

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Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2016	2 2015	3 2014	4 2013	5 2012
A. OPERATIONS ITEMS					
1. Premiums.....	0	16	12	0	0
2. Title XVIII-Medicare.....	42	30	4	0	0
3. Title XIX-Medicaid.....	439	418	364	294	279
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F).....	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O).....	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	71,002,003		71,002,003
2. Accident and health premiums due and unpaid (Line 15).....	10,465,334		10,465,334
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	1,175,447		1,175,447
6. Total assets (Line 28)	82,642,784	0	82,642,784
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	34,721,252	0	34,721,252
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	19,206		19,206
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	3,217,329		3,217,329
15. Total liabilities (Line 24).....	37,957,787	0	37,957,787
16. Total capital and surplus (Line 33).....	44,684,997	XXX	44,684,997
17. Total liabilities, capital and surplus (Line 34)	82,642,784	0	82,642,784
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	0		

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

States, Etc.		Direct Business Only					
		1	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL .....						.0
2. Alaska	AK .....						.0
3. Arizona	AZ .....						.0
4. Arkansas	AR .....						.0
5. California	CA .....						.0
6. Colorado	CO .....						.0
7. Connecticut	CT .....						.0
8. Delaware	DE .....						.0
9. District of Columbia	DC .....						.0
10. Florida	FL .....						.0
11. Georgia	GA .....						.0
12. Hawaii	HI .....						.0
13. Idaho	ID .....						.0
14. Illinois	IL .....						.0
15. Indiana	IN .....						.0
16. Iowa	IA .....						.0
17. Kansas	KS .....						.0
18. Kentucky	KY .....						.0
19. Louisiana	LA .....						.0
20. Maine	ME .....						.0
21. Maryland	MD .....						.0
22. Massachusetts	MA .....						.0
23. Michigan	MI .....						.0
24. Minnesota	MN .....						.0
25. Mississippi	MS .....						.0
26. Missouri	MO .....						.0
27. Montana	MT .....						.0
28. Nebraska	NE .....						.0
29. Nevada	NV .....						.0
30. New Hampshire	NH .....						.0
31. New Jersey	NJ .....						.0
32. New Mexico	NM .....						.0
33. New York	NY .....						.0
34. North Carolina	NC .....						.0
35. North Dakota	ND .....						.0
36. Ohio	OH .....						.0
37. Oklahoma	OK .....						.0
38. Oregon	OR .....						.0
39. Pennsylvania	PA .....						.0
40. Rhode Island	RI .....						.0
41. South Carolina	SC .....						.0
42. South Dakota	SD .....						.0
43. Tennessee	TN .....						.0
44. Texas	TX .....						.0
45. Utah	UT .....						.0
46. Vermont	VT .....						.0
47. Virginia	VA .....						.0
48. Washington	WA .....						.0
49. West Virginia	WV .....						.0
50. Wisconsin	WI .....						.0
51. Wyoming	WY .....						.0
52. American Samoa	AS .....						.0
53. Guam	GU .....						.0
54. Puerto Rico	PR .....						.0
55. US Virgin Islands	VI .....						.0
56. Northern Mariana Islands	MP .....						.0
57. Canada	CAN .....						.0
58. Aggregate Other Alien	OT .....						.0
59. Totals		0	0	0	0	0	0

NONE

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
00000		00000	20-1538254				LifePoint Health, Inc.	DE	UIP			0.0	LifePoint Health, Inc.		0
00000		00000	52-2165845				Historic LifePoint Hospitals, LLC	DE	UIP	LifePoint Health, Inc.	Ownership	100.0	LifePoint Health, Inc.		0
00000		00000	52-2167869				LifePoint Hospitals Holdings, LLC	DE	UIP	Historic LifePoint Hospitals, LLC	Ownership	100.0	LifePoint Health, Inc.		0
00000		00000	62-1778733				LifePoint Holdings 2, LLC	DE	UIP	LifePoint Hospitals Holdings, LLC	Ownership	100.0	LifePoint Health, Inc.		0
00000		00000	46-0927995				Acquisition Bell Hospital	MI	UIP	LifePoint Holdings 2, LLC	Ownership	100.0	LifePoint Health, Inc.		0
00000		00000	30-0788439				Portage Holding Company, LLC	MI	UIP	Portage Foundation	Ownership	20.0	LifePoint Health, Inc.		0
00000		00000	30-0788439				Portage Holding Company, LLC	MI	UIP	LifePoint Holdings 2, LLC	Ownership	80.0	LifePoint Health, Inc.		0
00000		00000	46-0927995				Portage JV, LLC	MI	UIP	Portage Holding Company, LLC	Ownership	100.0	LifePoint Health, Inc.		0
00000		00000	80-0829209				DLP Marquette Health Plan, LLC	TN	UDP	DLP Marquette Holding Company, LLC	Ownership	100.0	LifePoint Health, Inc.		1
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI		Baraga Memorial Hospital	Ownership	0.8	LifePoint Health, Inc.		0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI		Acquisition Bell Hospital, LLC	Ownership	5.1	LifePoint Health, Inc.		0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI		Dickinson Healthcare System	Ownership	5.4	LifePoint Health, Inc.		0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	Aspirus Grand View Hospital	Ownership	4.6	LifePoint Health, Inc.		0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	Northstar Health System	Ownership	1.9	LifePoint Health, Inc.		0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	Aspirus Keweenaw Hospital	Ownership	3.7	LifePoint Health, Inc.		0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	Helen Newberry Joy Hospital	Ownership	2.0	LifePoint Health, Inc.		0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	Aspirus Iron River Hospital	Ownership	56.4	LifePoint Health, Inc.		0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	Munising Memorial Hospital	Ownership	0.1	LifePoint Health, Inc.		0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	Portage JV, LLC	Ownership	10.0	LifePoint Health, Inc.		0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	Schoolcraft Memorial Hospital	Ownership	2.2	LifePoint Health, Inc.		0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	SSM Tribal Health	Ownership	0.6	LifePoint Health, Inc.		0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	War Memorial Hospital	Ownership	7.1	LifePoint Health, Inc.		0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	Upper Peninsula Managed Care, LLC	Management	0.0	LifePoint Health, Inc.		0
												0.0			0

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation
0000010	DLP Marquette Holding Company, LLC is also the sole member of DLP Marquette General Hospital, LLC.....
0000023	Upper Peninsula Managed Care, LLC has a contractual relationship only with the insurer.....

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

1.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

.....YES.....
2.

Will an actuarial opinion be filed by March 1?

.....YES.....
3.

Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

.....YES.....
4.

Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

.....YES.....

APRIL FILING

5.

Will Management's Discussion and Analysis be filed by April 1?

.....YES.....
6.

Will the Supplemental Investment Risks Interrogatories be filed by April 1?

.....YES.....
7.

Will the Accident and Health Policy Experience Exhibit be filed by April 1?

.....YES.....

JUNE FILING

8.

Will an audited financial report be filed by June 1?

.....YES.....
9.

Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

.....YES.....

AUGUST FILING

10.

Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?

.....YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

11.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

.....NO.....
12.

Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
13.

Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
14.

Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

.....NO.....
15.

Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
16.

Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
17.

Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

.....NO.....
18.

Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?

.....NO.....
19.

Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?

.....NO.....
20.

Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?

.....NO.....

APRIL FILING

21.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

.....NO.....
22.

Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

.....NO.....
23.

Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?

.....NO.....
24.

Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?

.....NO.....
25.

Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?

.....NO.....

AUGUST FILING

26.

Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

.....YES.....

Explanation:

11.
12.
13.
14.
15.
16.
17.
18.
19.
20.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21.

22.

23.

24.

25.

Bar code:



OVERFLOW PAGE FOR WRITE-INS

M014 Additional Aggregate Lines for Page 14 Line 25.
*EXEXP - Underwriting and Investment Exhibit - Part 3

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. ACA Tax.....			3,394,234		3,394,234
2505.					0
2597. Summary of remaining write-ins for Line 25 from Page 14	0	0	3,394,234	0	3,394,234

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